

IFM 3624

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/923,617	
	Filing Date	August 6, 2001	
	First Named Inventor	Frank J. Gangi	
	Art Unit	3624	
	Examiner Name	Ella Colbert	
Total Number of Pages in This Submission	6	Attorney Docket Number	025656.000003

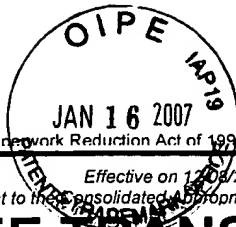
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Fee Transmittal (with fee);
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Third Supplemental Information Disclosure Statement; and
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3. Postcard.
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Bracewell & Giuliani LLP (Customer No. 35979)		
Signature			
Printed name	Jeffrey S. Whittle		
Date	1-8-07	Reg. No.	36,382

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Dora Rios	Date	1-10-2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete if Known

Application Number	09/923,617
Filing Date	August 6, 2001
First Named Inventor	Frank J. Gangi
Examiner Name	Ella Colbert
Art Unit	3624
Attorney Docket No.	025656.000003

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 500259 Deposit Account Name: Bracewell & Giuliani LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

360	180
-----	-----

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0 - 20 or HP =	0	0	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0 - 3 or HP =	0	0	0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0 - 100 =	0	0 / 50 = 0 (round up to a whole number) x	0	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)
0

Other (e.g., late filing surcharge): Third Supplemental Information Disclosure Statement

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,382	Telephone 713-221-1185
Name (Print/Type)	Jeffrey S. Whittle	Date	1-8-07

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CERTIFICATE OF MAILING 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Date

1-10-2007

Dora Rios
Dora Rios

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	
Gangi)	Confirmation No. 1740
)	
Serial No.: 09/923,617)	Examiner: Colbert, Ella
)	
Filed: August 6, 2001)	Group Art Unit: 3624
)	
For: <i>WALLET CONSOLIDATOR</i>)	Attorney Docket No. 025656.000003
)	

THIRD SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 C.F.R. § 1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

Attached is Form PTO-1449A listing references for consideration in the examination of the above-titled patent application. It is requested that these references be considered by the Examiner and officially made of record in accordance with the provisions of 37 C.F.R. § 1.97 and Section 609 of the M.P.E.P.

This Information Disclosure Statement is being filed after issuance of a first office action and therefore Applicant submits herewith the required fee of \$180.00. In the event a fee is required, the Commissioner is hereby authorized to charge any underpayments or credit any overpayments to Bracewell & Giuliani LLP's Deposit Account 50-0259 (025656.000003).

01/17/2007 YPOLITE1 03222032 03923617

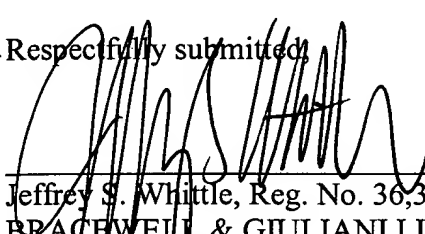
01 FC:1635

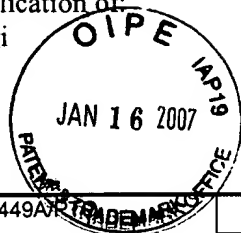
100.00 UP

Date:

1-8-07

Respectfully submitted,


Jeffrey S. Whittle, Reg. No. 36,382
BRACEWELL & GIULIANI LLP
P.O. Box 61389
Houston, Texas 77208-1389
Telephone: (713) 221-2900
Facsimile: (713) 221-2141



Substitute for form 1449A				Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Application Number	09/923,617	
				Filing Date	August 6, 2001	
				First Named Inventor	Frank J. Gangi	
				Group Art Unit	3624	
				Examiner Name	Ella Colbert	
Sheet	1	Of	1	Attorney Docket Number	025656.000003	
U.S. PATENT DOCUMENTS						
Exr Initials	U.S. Patent Document		Name of Inventor or Applicant of Cited Document	Date of Publication of Cited Document MM-YYYY		
	Number	Kind Code (if known)				
	2006/0169768	A1	Gangi	11-2006		
	7,083,087	B1	Gangi	08-2006		
FOREIGN PATENT DOCUMENTS						
Exr Initials	Foreign Patent Document			Name of Inventor or Applicant of Cited Document	Date of Publication of Cited Document MM-YYYY	T₁
	Country Code	Number	Kind Code (if known)			
OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS						
Exr Initials	Include Name of first Author (in CAPITAL LETTERS), title of the article (where appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), volume-issue number(s), page(s), date (in parentheses). If a book, also include publisher and city and/or county where published.					T₁
Examiner Signature					Date Considered	